

<b>CLAIMS ONLY</b>							Application Number <b>10728735</b>		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	5						Total Indep					
Total Depend	40						Total Depend					
Total Claims	45						Total Claims					